AN EXPLORATORY STUDY OF PARA-ABILITY ATHLETE AND NON-ATHLETE INDIVIDUALS OF INDIA

BY

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INTRODUCTION

Sport pertains to any form of competitive physical activity or game that aims to use, maintain, or improve physical ability and skills while providing enjoyment to participants and, in some cases, entertainment to spectators. Sports can, through casual or organized participation, improve one's physical health. Hundreds of sports exist, from those between single contestants, through to those with hundreds of simultaneous participants, either in teams or competing as individuals. In certain sports such as racing, many contestants may compete, simultaneously or consecutively, with one winner; in others, the contest (a *match*) is between two sides, each attempting to exceed the other. Some sports allow a "tie" or "draw", in which there is no single winner; others provide tie-breaking methods to ensure one winner and one loser. A number of contests may be arranged in a tournament producing a champion. Many sports leagues make an annual champion by arranging games in a regular sports season, followed in some cases by playoffs.

"**Person with disability**" means a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others.

"**Person with benchmark disability**" means a person with not less than forty per cent. of a specified disability where specified disability has not been defined in measurable terms and includes a person with disability where specified disability has been defined in measurable terms, as certified by the certifying authority.

A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).

Although “people with disabilities” sometimes refers to a single population, this is actually a diverse group of people with a wide range of needs. Two people with the same type of disability can be affected in very different ways. Some disabilities may be hidden or not easy to see.

According to the World Health Organization, disability has three dimensions:[1]

1. **Impairment** in a person's body structure or function, or mental functioning; examples of impairments include loss of a limb, loss of vision or memory loss.
2. **Activity limitation**, such as difficulty seeing, hearing, walking, or problem solving.
3. **Participation restrictions** in normal daily activities, such as working, engaging in social and recreational activities, and obtaining health care and preventive services

AGORAPHOBIA

Agoraphobia (ag-uh-ruh-FOE-be-uh) is a type of anxiety disorder in which you fear and avoid places or situations that might cause you to panic and make you feel trapped, helpless or embarrassed. You fear an actual or anticipated situation, such as using public transportation, being in open or enclosed spaces, standing in line, or being in a crowd.

The anxiety is caused by fear that there's no easy way to escape or get help if the anxiety intensifies. Most people who have agoraphobia develop it after having one or more panic attacks, causing them to worry about having another attack and avoid the places where it may happen again.

People with agoraphobia often have a hard time feeling safe in any public place, especially where crowds gather. You may feel that you need a companion, such as a relative or friend, to go with you to public places. The fear can be so overwhelming that you may feel unable to leave your home.

EMOTIONAL INTELLIGENCE

Emotional Intelligence (EI) refers to individual differences in the capacity to perceive emotions, to use emotions in productive ways, and to understand and regulate emotions. Emotional Intelligence, defined in this manner, is an intellectual capacity that connects reasoning with feeling. Emotional Intelligence is a combination of both head and heart. Right emotions, positive emotions, virtuously enrich intelligence in right directions bringing I.Q to practical achievement (not merely theoretical). Intelligence can give a logical framework for

good and bad emotions and lead one to promote values in an organisation, bring profit on right royal way integrity in business. According to psychology, no emotion is bad itself, not even anger. But one must know how to handle it. One must know how to regulate emotions intelligently. Emotional Intelligence is a type of social Intelligence that involves monitoring, discriminating between and using emotions to guide thinking and actions. EI is related to interpersonal and communication skills, and is important in the assessment and training of medical undergraduates. Different jobs also call for different types and levels of Emotional Intelligence.

The concept of Emotional Intelligence (EI) was first proposed by Mayer&Salovey (1990) which was then popularized by Goleman. 'What it can matter more than IQ' Since then, this area has got much attention in the field of leadership, human resource management and organizational behaviour. EI came up from the work of social intelligence by Thorndike (1920) & Gardner's (1983) concept of intrapersonal and interpersonal intelligence. In 1927, Thorndike classified Intelligence into three types: Abstract Intelligence which is related to verbal concepts, Concrete Intelligence which is related to shapes and matter and thirdly Social Intelligence now termed as Emotional Intelligence. It shows that it is not a new concept. The researchers have defined EI as a distinct psychological skill that can be consistently gauged.

MENTAL HEALTH

Mental health denotes a person's emotional, psychological, and social well-being, which affects one's thinking, feeling, and action. Mental health is important at every stage of life from childhood and adolescence through adulthood to old age as it helps to cope with stress, relate to others, and make choices. Defining mental health is essential, although not always necessary, to achieving its improvement. Differences in values across countries, cultures, and genders can appear too great to allow a consensus on a definition. However, just as age or wealth each has many different expressions across the universe and yet has a core common-sense universal meaning, so too can mental health be understood without restricting its interpretation across cultures. The World Health Organization (2018) defines mental health as, "a state of well-being in which every individual recognizes his or her abilities, can cope with the normal stresses of life, can function productively and fruitfully, and can contribute to his/her community".

Mental health is also described as a "dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society". Galderisi et al.,

(2017) describe mental health as, “basic cognitive and social skills, modulate and express one’s own emotions, as well as empathize with others; flexibility, ability to recognize, cope with adverse life events and function in social roles; the harmonious relationship between body and mind which contribute, to varying degrees, to the state of internal equilibrium”. Hence, mental health can be described as a state of normal condition, where every individual can function efficiently towards himself or herself and in their respective community; in general, it is an absence of mental illness. Mental health is about improving the competencies of individuals and communities and enabling them to achieve their self-determined goals. Hence, mental health should be a concern for all of us, rather than only for those who suffer from a mental illness

ANXIETY

Anxiety is a feeling of fear, dread and uneasiness. It might cause you to sweat, feel restless and tense, and have a rapid heartbeat. It can be a normal reaction to stress. For example, you might feel anxious when faced with a difficult problem at work, before taking a test, or before making an important decision. Appearance anxiety is defined as “the fear that one will be negatively evaluated because of one’s appearance “(hart et al.,2008)

STATEMENT OF THE PROBLEM

An exploratory study of para-ability athlete and non-athlete individuals of India

This study has ultimately following purposes:

1. The aim of this study is to access the level of Appearance Anxiety of para-ability individual(male and female) athlete and non-athlete
2. The aim of this study is to access the level of Agoraphobia of para-ability individual

(male and female) athlete and non-athlete

3. The aim of this study is to access the level of Emotional Intelligence of para-ability individual (male and female) athlete and non-athlete
4. The aim of this research is to assess the level of Mental Health of para-ability individual (male and female) athlete and non-athlete

OBJECTIVES OF THE STUDY

The study has following research objectives:

1. To test the Appearance Anxiety of para-ability individual (male and female) athlete and non-athlete
2. To test the Agoraphobia of para-ability individual(male and female) athlete and non-athlete
3. To test the Emotional Intelligence of para-ability individual(male and female) athlete and non-athlete
4. To test the Mental Health of para-ability individual male and female) athlete and non-athlete

HYPOTHESES

For the fair functioning of study, the following hypotheses have been formulated:

1. It is hypothesized that there will be significant difference in the level of mental health of para-ability individual athlete and non-athlete
2. It is hypothesized that there will be significant difference in the level of mental health of para-ability males and females.
3. It is hypothesized that there will be significant difference in the level of emotional intelligence of para-ability individualathlete and non-athlete
4. It is hypothesized that there will be significant difference in the level of emotional intelligence of para-ability males and females.
5. It is hypothesized that there will be significant difference in the level of agoraphobia of para-ability individual athlete and non-athlete

6. It is hypothesized that there will be significant difference in the level of agoraphobia of para-ability males and females.
7. It is hypothesized that there will be significant difference in the level of appearance anxiety of para-ability individual athlete and non-athlete
8. It is hypothesized that there will be significant difference in the level of appearance anxiety of para-ability males and females.
9. It is hypothesized that there will be significant difference in activeness in sports for a particular gender

DELIMITATION

Taking the ease of control factor in mind and for conducting the research study in an efficient manner the following delimitations have been formulated:

1. The present study will be delimited to male para-ability individual athlete
2. The present study will be delimited to male para-ability individual non athlete
3. The present study will be delimited to female para-ability individual athlete
4. The present study will be delimited to female para-ability non athlete
5. Athlete here means minimum level of district participation in game related to physical (limbs related)
6. The present study will be delimited to 60 subjects further divided into 2 groups
7. That one group also divided into male and female subjects equally
8. The present study will be delimited to only physical impairment related to limbs

not included vision, sensory, intellectual and other which is not under physical impairment here physical impairment means only limbs problems

9. The present study will be delimited to the 18-28 years old.

LIMITATION

The present study will have following limitations:

1. Mood state of subjects at the time of data collection will be treated as limitation of the study.
2. Socio-economic, geographic and family background of athletes and para-athletes which might affect the test performance will be treated as limitation.

DEFINITION AND EXPLANATION OF TERMS

AGORAPHOBIA

Agoraphobia is an anxiety disorder that involves an extreme and irrational fear of being unable to escape a difficult or embarrassing situation in the event of developing panic-like or other incapacitating symptoms.

APPEARANCE ANXIETY

Social appearance anxiety is defined as “the fear that one will be negatively evaluated because of one’s appearance “(hart et al.,2008)

PARA-ABILITY

On the eve of the 2016 Paralympics, people with disabilities want the term disability to be replaced by para-ability.The term was devised by Jan Cocks, who was permanently paralysed on her right side from a mosquito bite when she was 10 months old.Ms Cocks said she did not feel disabled, suggesting the word was negative and not an accurate description of what she had achieved."Disability is basically when your car breaks down, your car is disabled. People aren't disabled," she said."Para-ability is a combination of ability and para, similar to the Paralympics. I feel very strongly that it should replace the word disability."

EMOTIONAL INTELLIGENCE

According to Dr.Goleman, “Emotional Intelligence as a person's ability to manage his feelings so that those feelings are expressed appropriately and effectively. According to Goleman, emotional intelligence is the largest single predictor of success in the workplace”

MENTAL HEALTH

According to WHO “Mental Health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”

SIGNIFICANCE OF THE STUDY

The present study may be of very much useful to the future researchers and can contribute to society in following ways:

1. The findings of the study may reflect the para-ability individuals mental health, emotional intelligence, agoraphobia, appearance anxiety
2. The findings of the study may reflect the importance of sports in individuals with para-ability
3. The findings of the study may reflect the needs, strength and weakness of para-ability individuals
4. The findings of the study may reflect the difference of sports participation in life of para-ability individuals
5. The findings of the study may help the higher authority to recognize the present status
6. The findings of the study may help the organization to take steps to improve the quality of life of peoples with para-ability
7. Further the study may help the individuals with para-ability to solve personal as well as interpersonal problems related with mental health.
8. Further the study may help the para-ability individuals to manage anxiety.

This study will helpful in determining the anxiety, agoraphobia, mental health Status and Emotional Intelligence of para-ability individuals athlete and non-athlete which may be an initiative for further studies regarding the same component. Also, this study will be helpful in the development of the psychological profile based on anxiety, agoraphobia Emotional Intelligence and Mental Health.

CHAPTER II

Review of related literature

Before starting a research work it is must to know what work has already been done, what variables have been studied, what were the outcomes of their study? Studying those previous work may answer to questions like what can be added to previous work. Why it is needed to conduct the present research? What will be the scope of research work? Who will be benefited with your work? so far in the concerned field.

In this chapter the work done by previous researchers in related area of interest have been presented.

STUDIES ON EMOTIONAL INTELLIGENCE

Emotional intelligence has been recognized as a key determinant to leadership and/or coaching success in today's high stress environment both in life and at work. The available research conducted on the subject shows that coach with high emotional intelligence are happier, healthier and more effective on the coaching. This is because they have an awareness of their feelings and are able to strike a balance between reason and emotions, which makes them good leaders and team players. Leadership or coaching effectiveness on the other hand is defined as achieving the preset goals and objectives effectively

- **Barbuto and Burbach (2006)** tested the relationship between emotional intelligence and transformational leadership, and found evidence consistent with previous studies that demonstrated positive considerable relationships between the two (Yukl, 1998; Barling et al., 2000; Leban&Zulauf, 2004). George (2000) also supports the notion that transformational leadership is essentially based on emotional processes.
- **Pau et al. (2004)** found that students with a high level of emotional intelligence were more likely to adopt reflection and appraisal, social and interpersonal, organization and time management skills. Whereas, low emotionally intelligent students were more likely to engage in health damaging behaviour
- **Mayer &Salovey (1997)** states that Emotional intelligence, a separate construct, originated as a result of further refinement of social intelligence.

STUDIES ON MENTAL HEALTH

- **Soni and Jain (2016)** made a comparative study of the mental health of parents of normal children (N = 100) and those with mentally challenged children (N=78) belonging to lower middle class and lower class from Jodhpur City (Rajasthan, India). Data were collected from the participants by administering Jodhpur Multiphasic Personality Inventory (Joshi & Malik, 1980). Analysis of data exposed that parents of intellectually disabled children have more mental health issues than parents of normal children.

Mental Health Battery (Verma&Srivastava, 1996), covering six dimension viz., Positive Self Evaluation, Perception of reality, Integration of Personality, Autonomy, Group Oriented attitudes, Environmental Competence. It was found that children of both private and the government schools scored 'poor' in all the dimensions of mental health, and also the groups are alike in their mental health as no significant difference was noticed in any dimension of mental health

STUDIES ON AGORAPHOBIA

Richard P. Halgin . Susan Krauss Whitbourne (2009:147)say the individual associates certain bodily sensations with memories of the last panic attack, causing a full-blown panic attack to develop even before measurable biological changes have occured. Over time, the individual begins to anticipate the panic attack before it happens, leading to the avoidance behavior seen in agoraphobia. The lives of people with agoraphobia can be terribly disrupted, and even brought to a complete halt. Some agoraphobics turn to alcohol and other subtancesto dampen these anxiety symptoms.

Richard P. Halgin , Susan Krauss Whitbourne (2009) says that People with this agoraphobia

condition experience anxiety about being in places or situations from which escape might be difficult or embarassing. Common Agoraphobic fears involve situation such as being outside the home alone, being in a crowd or standing in line, being on a bridge, and traveling in a bus, train, or car.

STUDIES ON APPEARANCE ANXIETY

Hart and colleagues (1989) developed the Social Physique Anxiety Scale (SPAS) as a brief measure of anxiety resulting from perceived perceptions of one's physique by others. Validation studies demonstrate that social physique anxiety (as measured by the SPAS) is distinct from general social anxiety (Hart et al., 1989)

Haase and colleagues (2002) studied the relationship between social physique anxiety, disordered eating, and perfectionism in a sample of 316 elite athletes. Women who scored high on perfectionism were more likely to report high social physique anxiety, and the combination of social physique anxiety and perfection predicted a large amount of the variance in disordered eating (Haase, Prapavessis, & Owens, 2002). For women who scored highest on the SPAS, perfectionism was strongly predictive of disordered eating.

Furthermore, in a study of 136 elite female athletes, higher social physique anxiety was associated with more disordered eating behaviors (Haase, 2011).

CHAPTER III

Methodology and procedure

The purpose of this study is to determine the level of Appearance Anxiety, Emotional Intelligence, Mental Health , agoraphobia of para-ability individuals athlete and non-athlete and to find out is there any difference exist between the level of Appearance Anxiety, Emotional Intelligence , Mental Health , agoraphobia of para ability individuals athlete and non-athlete. In this chapter the design of the study, selection of the subjects, selection of the variables, selection of tools, description and administration of tests, Statistical procedure have been discussed.

Selection of subjects

For the purpose of the study the subjects will be selected by using purposive sampling method in which 60 subjects (30 male,30 female) will be selected, who will be equally divided into four groups :

(para-ability male athlete) (para-ability male non-athlete) (para-ability female athlete)

(para-ability female non-athlete)

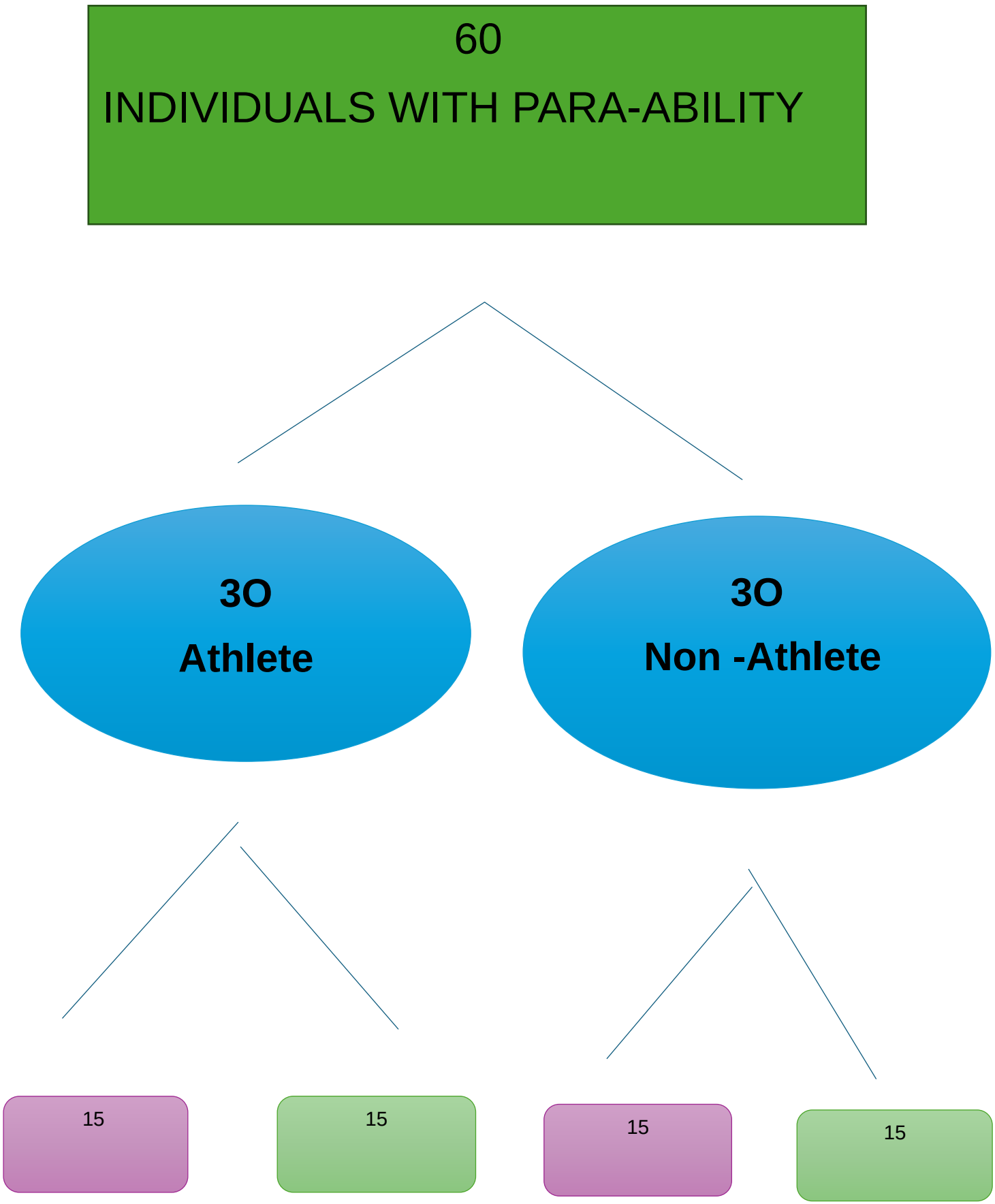
SELECTION OF VRIABLES

Dependent Variables

1. Appearance Anxiety
2. Emotional Intelligence
3. Mental Health
4. Agoraphobia

Independent Variable

5. **Gender**
    a. Male para-ability individualsathlete
    b. Male para-ability individuals non-athlete
    c. Female para-ability individuals athlete
    d. Female para-ability individuals non -athlete


60
INDIVIDUALS WITH PARA-ABILITY
30
Athlete
30
Non -Athlete
15
15
15
15

SR.NO	VARIABLES	CRITERION MEASURE
1	Agoraphobia	Agoraphobia questionnaire
2	Appearance anxiety	Appearance anxiety inventory
3	Emotional intelligence	Emotional intelligence inventory
4	Mental health	Mental health inventory

Statistical procedure

The present study is descriptive and comparative in nature. To provide statistical authenticity to the findings of this study

- Descriptive statistics will be used to know the nature and characteristics of the data
- 2 WAY ANOVA will be used
- For all the statistical analysis the level of significance will be set at 0.05.

All the statistical analysis will be done with the help of SPSS software version 23.

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